

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yavapai
 District of Safford
 Town of Safford
 or
 City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
 County Registrar No. _____
 Local Registrar No. 75

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Wilford Harlan Claude (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other. X
 5. No., in order of birth. X
 6. Legitimate? Yes
 7. Date of birth April-10-1928
 Month day year

8. FATHER
 Full name George D. Claude
 14. MOTHER
 Full maiden name Lila Harlan

9. Residence (Usual place of abode)
 If nonresident, give place and state Maricopa, Ariz.
 15. Residence (Usual place of abode)
 If nonresident, give place and state Maricopa, Ariz.

10. Color or race White
 11. Age at last birthday 30 (Years)
 16. Color or race White
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Hatch, Ariz.
 (State or country)
 18. Birthplace (city or place) Wisconsin
 (State or country)

13. Occupation
 Nature of industry Stockman
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:00 A.M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature J. H. Stratton
 Address 507 Ford
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed May 8, 1928 J. H. Stratton
 Local Registrar.

Registrar.

Filed _____ 19____
 County Registrar.

635-410-385